

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2232

63-015895
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 30982

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12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

L. Shireman

23a.

BURIAL, CREMATION,
REMOVAL (Specify)

Barial

23b. DATE

4-16-1963

23c. NAME OF CEMETERY OR CREMATORY

mt. Washington

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

24. FUNERAL DIRECTOR

Muehlebach

ADDRESS

6800 Troost

25. DATE RECD. BY LOCAL REG.

4-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in lb

45 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

3240 Norledge

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

JACKSON

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3507 Windsor

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

JENNIE

First

Allmon

Last

4. DATE OF DEATH

April 13 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐

8. DATE OF BIRTH

5-27-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FURRIER

10b. KIND OF BUSINESS OR INDUSTRY

KLINE'S

11. BIRTHPLACE (City and state or country)

Mayesville, ARK.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

B.J. Shippley

13b. MOTHER'S MAIDEN NAME

ARKANSA Bratten

14. NAME OF HUSBAND OR WIFE

CRUSA M. Allmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Leta Morris 3240 Norledge

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Artery Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Artery Atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

KANSAS CITY, JACKSON CO. MO.

COUNTY

STATE

21. I attended the deceased from Jan 1960 to April 1963 and last saw her alive on March 1963. Death occurred at 6:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4606 St. Lukes

22c. DATE SIGNED

4-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Barial

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mt. Washington

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KANSAS CITY, MO.

(State)

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4-15-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. K. L. Shinneman
4606 St. John's
100 To 500

58908

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1
1
1

0-88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.